## STATE OF MAINE

DISTRICT COURT	
Location	
Docket No.	

IN RE:

## CHILD PROTECTION FINANCIAL AFFIDAVIT

(If more space is needed, attach additional sheets.)

Name of Child(ren):	Relationship to Applicant:
PERSONAL INFORMATION  Name  Address	
SS Number Disclosure Required on separate form	
Marital Status ☐ single ☐ married ☐ divorced ☐ live ☐ alone ☐ with spouse ☐ with par	
NCOME:  EMPLOYMENT  Where do you work? (list employer name/address/t	telephone number)
b. Length of time employed: \subseteq Length of time employed, when and where were your contents to the content of the content o	☐ Full time ☐ Part time ☐ Seasonal ou last employed?
Do you anticipate being employed or having other If yes, explain_	
. ANNUAL INCOME Last year:	Anticipated this year:
<ul> <li>a. Salary and wages (gross pay)</li> <li>b. Unemployment</li> <li>c. Social Security</li> <li>d. TANF (AFDC)</li> <li>e. Alimony/child support</li> <li>f. Other income (pension/workers'comp/interest.</li> </ul>	<b>A</b>
Do you receive fringe benefits such as meal allowance If yes, describe	
Do you receive any other kind of pay or compensation  If yes, describe	
The following deductions come out of my pay in addit	tion to taxes: (Give amounts)

	•	ive government benefits, tax refunds, settlements, etc?
5. Does anyone owe you money?	☐ yes ☐ no If yes, des	ecribe
ASSETS AND DEBTS		
1. Assets (Give current values)		
	Car/truck	Boat/rec. vehicles
Bank accounts	Pension	Boat/rec. vehicles Securities
Any other item worth over \$50		
2. Debts		
Mortgage balance		* * *
Loan balances		Monthly payments
Credit card debts		Monthly payments
<b><u>DEPENDENTS</u></b> Children (give names and dates of	birth)	
The children live with $\square$ me $\square$ o	ther parent  other	some with me/some with others
I pay support of:	per	for
Total child support paid last year_		; this year to date
Do you have other dependents? If	so, list:	
Does anyone provide you with sup	port? (Spouse/partner/pa	arent, etc.)  yes no If yes, identify:
Weekly child care costs so you can Do any of your children have regul	work or train to work ar recurring medical exp and amount	enses? (for example, asthma medication)
——————————————————————————————————————	e are important to under	stand your financial situation.
ON MY OATH, AND TO THE BI INCLUDES ALL OF MY INCOM		OGE AND BELIEF, THIS AFFIDAVIT IS TRUE AND IS.
Date:		Signature
Subscribed and sworn to before me	<b>:</b> :	Signature
Date:		
		(Attorney)(Notary)(Deputy Clerk)
	☐ Not eligible	nterview with the parent, I make the following recommendation:  Partially eligible \$
Date:	Screener	